

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 6, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Code 29075 for date of service October 31, 2002.

## **II. RATIONALE**

- CPT Code 29075 for date of service 10/31/02 denied as “940, F, G – Re-evaluation-no additional payment recommended, Fee Guideline MAR Reduction, Unbundling”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (II)(B)(2)(e) when the cast application or strapping is a replacement procedure during or after the period of follow-up care or if the cast application or strapping is provided as an initial procedure in which no surgery is performed, use the appropriate E/M office visit code in addition to the appropriate HCPCs codes for supplies. The office note submitted supports this procedure is not a replacement procedure. Reimbursement in the amount of \$61.00 is recommended.

## **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 29075 in the amount of \$61.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$61.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 01st day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf